Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, May 27, 2016 at the hour of 9:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

#### I. Attendance/Call to Order

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock, Vice Chairman Hon. Jerry Butler and Directors Ric Estrada, Ada Mary

Gugenheim; Emilie N. Junge; Wayne M. Lerner, DPH, LFACHE; Mary B. Richardson-Lowry; Carmen

Velasquez; and Dorene P. Wiese (9)

Absent: None (0)

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer

Cathy Bodnar – Chief Corporate Compliance and Privacy Officer

Krishna Das, MD - Chief Quality Officer

Douglas Elwell – Deputy CEO of Finance and Strategy

Claudia Fegan, MD – Executive Medical

Director/Medical Director-Stroger

Charles Jones - Director of Strategic Sourcing and Supply

Chain Management

Ratna Kanumury - Director of Physician Assistant

Services

Terry Mason, MD – Cook County Department of Public Health

Jeff McCutchan – Interim General Counsel

Barbara Pryor – Deputy Chief of Human Resources

Deborah Santana – Secretary to the Board

Richard H. Sewell - Associate Dean, Community and Public Health Practice at UIC School of Public Health

John Jay Shannon, MD – Chief Executive Officer

#### II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #5 - Report from the Chief Executive Officer.

#### III. Public Speakers

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

#### IV. Board and Committee Reports

#### A. Minutes of the Board of Directors Meeting, April 29, 2016

Director Lerner, seconded by Vice Chairman Butler, moved the approval of the Minutes of the Board of Directors Meeting of April 29, 2016. THE MOTION CARRIED UNANIMOUSLY.

#### IV. Board and Committee Reports (continued)

#### B. Minutes of the Board of Directors Special Meeting, May 5, 2016

Director Richardson-Lowry, seconded by Vice Chairman Butler, moved the approval of the Minutes of the Board of Directors Special Meeting of May 5, 2016. THE MOTION CARRIED UNANIMOUSLY.

#### C. Quality and Patient Safety Committee Meeting, May 17, 2016

- i. Metrics (Attachment #1)
- ii. Meeting Minutes, which include the following action items:
  - Approval of Medical Staff Appointments/Reappointments/Changes
  - Approval of proposed Resolution honoring Dr. Erica Marsh
  - Action taken on Provident Hospital Non-Medical Staff Privileging Matter

Director Gugenheim presented the Meeting Minutes and reviewed the metrics with Dr. Krishna Das, Chief Quality Officer. The Board reviewed and discussed the information.

Director Gugenheim, seconded by Director Lerner, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of May 17, 2016. THE MOTION CARRIED UNANIMOUSLY.

#### D. Audit and Compliance Committee Meeting, May 19, 2016

- i. Metrics (Attachment #2)
- ii. Meeting Minutes

Director Velasquez presented the Meeting Minutes and reviewed the metrics with Cathy Bodnar, Chief Corporate Compliance and Privacy Officer. The Board reviewed and discussed the information.

Ms. Bodnar provided an update regarding grievances received in the month of April, which encompassed the transition from IlliniCare to Valence. For that month, Valence reported that it had received grievances from CountyCare members as follows:

25 calls / 30% - care issues (access, quality of care, case management)

23 calls / 28% - transportation

13 calls / 16% - billing and financial queries

82 calls – total number received from members in April

Ms. Bodnar stated that it was expected that grievances would increase a bit with this transition; she believes that they are leveling out for the month of May.

Director Richardson-Lowry, seconded by Director Estrada, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of May 19, 2016. THE MOTION CARRIED UNANIMOUSLY.

#### IV. Board and Committee Reports (continued)

#### E. Managed Care Committee Meeting, May 19, 2016

- i. Metrics
- ii. Meeting Minutes

Director Lerner reviewed the Meeting Minutes; it was noted that metrics would not be presented this month.

During the discussion of the information on the transition, Director Wiese inquired regarding communications, benefits and members' ability to connect with dental providers for specific needs; as an example, if she was trying to find on the website where an adult patient would go to get their tooth pulled, she cannot find that information easily. Director Lerner responded that he will follow up on that subject with Mr. Glass.

Director Lerner, seconded by Vice Chairman Butler, moved the approval of the Minutes of the Meeting of the Managed Care Committee of May 19, 2016. THE MOTION CARRIED UNANIMOUSLY.

#### F. Human Resources Committee Meeting, May 20, 2016

- i. Metrics (Attachment #3)
- ii. Meeting Minutes
  - Approval of negotiated wages and healthcare changes for Cook County Pharmacy Association, Chicago Joint Board, Retail, Wholesale & Department Store Union, AFL-CIO, CLC (RWDSU Local 200) representing Pharmacists and Pharmacy Technicians

Director Wiese presented the Meeting Minutes and reviewed the metrics with Barbara Pryor, Deputy Chief of Human Resources. The Board reviewed and discussed the information.

During the discussion of the metrics, Ms. Pryor provided an explanation of the basis for the labor hold, which was referenced on slide 2 of the metrics. She stated that the System went through a displacement process, where the administration realigned staff across the organization with specific positions, to make sure that staffing meets the System's vision; approximately 250 positions were involved.

Director Wiese, seconded by Director Lerner, moved the approval of the Minutes of the Human Resources Committee Meeting of May 20, 2016. THE MOTION CARRIED UNANIMOUSLY.

#### G. Finance Committee Meeting, May 20, 2016

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which include the following action items:
  - Request to purchase property to be utilized by the Ambulatory and Community Health Network of Cook County for use as a primary care clinic
  - Contracts and Procurement Items (detail was provided as an attachment to this Agenda)

Director Estrada provided an overview of the Meeting Minutes. Ekerete Akpan, Chief Financial Officer, reviewed the metrics, and Charles Jones, Director of Strategic Sourcing and Supply Chain Management, reviewed the contractual requests that were considered at the Finance Committee Meeting. The Board reviewed and discussed the information.

#### IV. Board and Committee Reports

#### G. Finance Committee Meeting, May 20, 2016 (continued)

It was noted that request number 9 remains pending review by Contract Compliance.

During the discussion of the metrics, Director Wiese requested that information be provided that reflects whether budget variances exist relating to human resources/personnel. Additionally, with regard to the information on volumes, Director Velasquez requested to see the information presented in a year-over-year fashion. Director Lerner noted that the Board talks singularly about the Stroger activities and CountyCare when they are, in fact, part of the same System. What might be helpful is to put some of the metrics side-by-side; this provides a better idea of where to allocate resources, because if you tweak one, it will have an effect on the other. It was determined that the Chairs of the Finance and Managed Care Committees would further discuss to determine adjustments to the metrics to reflect this information.

During the review of the contractual requests, Director Richardson-Lowry requested whether, going forward, for transparency purposes, a category can be included on the requests, per contract, relating to Minority and Women-Owned Business Enterprise goals and local hire participation. Mr. Jones responded affirmatively.

Director Estrada, seconded by Director Lerner, moved the approval of the Minutes of the Meeting of the Finance Committee of May 20, 2016. THE MOTION CARRIED UNANIMOUSLY.

#### V. Action Items

#### A. Contracts and Procurement Items (backup to follow)

There were no Contracts and Procurement Items presented directly for the Board's consideration.

#### B. Any items listed under Sections IV, V and IX

#### VI. Report from Chairman of the Board

Chairman Hammock stated that the Board has recently lost two (2) good Board Members through resignations - Lew Collens and Dr. Erica Marsh. The Nominating Committee for this Board has been in meetings and has produced a list of potential candidates to fill those positions. Additionally, there are three (3) Directors whose terms expire at the end of June – Directors Richardson-Lowry, Velasquez and Wiese. President Preckwinkle will be also addressing those as she takes on the whole picture. Given the number of candidates, and the fact that it has been the President's practice to interview them all, it may take a month or two to fill the vacancies. He will provide further updates as information becomes available.

#### **VII. Report from Chief Executive Officer** (Attachment #5)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #5.

#### VIII. Recommendations, Discussion / Information Item

#### A. Strategic planning discussion

Topic: Health Equity, presented by Dr. Terry Mason, Chief Operating Officer, Cook County Department of Public Health (Attachment #6)

Chairman Hammock provided introductory comments. He stated that when this process started in February, the strategic plan was anticipated to be approved at the June Board Meeting; the goal was to make sure the strategic plan informed the budget for the coming year. A lot of background has been presented to the Board, getting Directors up to speed with what has already been going on here, in preparation for making decisions about asset and resource allocations.

Now the Board is coming to the next phase, focusing on the specific goals and objectives that will be set. Approval of the strategic plan will be moved to the July meeting; that will allow the Board to have a little more time to sift out these objectives, and will also make sure they will have time to share the draft plan with the County officials, public, staff and others who are legitimate stakeholders in this process.

Dr. Shannon provided an introduction to the presentation. He also introduced Richard Sewell, Associate Dean of Community and Public Health Practice at UIC School of Public Health, who will be moderating the strategic planning discussions.

Dr. Mason reviewed the presentation, which included information on the following subjects:

- Conceptual Framework
- Terms
- Historical Perspective
- Data
- Recommendations

Director Velasquez stated that the immigration status of an individual is a health disparity; moving forward, she suggested that this be included as one of the social determinants of health. Director Junge stated that incarceration and the effect of incarceration on families should also be included as social determinants of health.

Chairman Hammock inquired further regarding the five (5) year community Health Improvement Plan (WePlan) referenced on slide 31 of the presentation; he noted the importance of integration of the strategic plan and WePlan, and asked when WePlan is expected to be presented to the Board for approval. Dr. Mason responded that it will be presented for approval in the next few months.

Following discussion, the following was determined:

- The Directors are expected to receive a draft of the Strategic Plan by June 17<sup>th</sup>.
- The June 24<sup>th</sup> Board Meeting will be predominantly focused on discussion of the information contained in the draft Strategic Plan (to be received by June 17<sup>th</sup>).
- A Special Meeting of the Board will be scheduled to be held sometime between the dates of June 24<sup>th</sup> and July 21st, from 4:00-7:00 P.M. This will provide Directors with additional time to review and digest the information received on June 17<sup>th</sup> and provides an opportunity for more robust discussion of the information. A finalized draft strategic plan is expected to be released to the public following the Special Meeting of the Board. A public hearing is planned to be held on July 21<sup>st</sup>; approval of the plan is expected to take place on July 29<sup>th</sup>.

#### IX. Closed Meeting Items

- A. Quality and Patient Safety Committee Meeting Minutes, May 17, 2016
  - Provident Hospital Non-Medical Staff Privileging Matter
- B. Audit and Compliance Committee Meeting Minutes, May 19, 2016
- C. Human Resources Committee Meeting Minutes, May 20, 2016
  - Approval of negotiated wages and healthcare changes for Cook County Pharmacy Association, Chicago Joint Board, Retail, Wholesale & Department Store Union, AFL-CIO, CLC (RWDSU Local 200) representing Pharmacists and Pharmacy Technicians

#### D. Finance Committee Meeting Minutes, May 20, 2016

- Approval of request to purchase property to be utilized by the Ambulatory and Community Health Network of Cook County for use as a primary care clinic
- E. Claims and Litigation
- F. Discussion of personnel matters

Chairman Hammock, seconded by Director Lerner, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(2), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS 120/2(c)(5), regarding "the purchase or lease of real property for the use of the public body, including meetings held for the purpose of discussing whether a particular parcel should be acquired," 5 ILCS 120/2(c)(6), regarding "the setting of a price for sale or lease of property owned by the public body," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(12), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body," and 5 ILCS 120/2(c) (29), regarding "meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America."

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

#### IX. Closed Meeting Items (continued)

Yeas: Chairman Hammock, Vice Chairman Butler and Directors Gugenheim, Junge, Lerner,

Richardson-Lowry, Velasquez and Wiese (8)

Nays: None (0)

Absent: Director Estrada (1)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chairman Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

Director Gugenheim, seconded by Director Lerner, moved that the Cook County Health and Hospitals System adopt the recommendation, and grounds and findings in support thereof, of the CCHHS Quality and Patient Safety Committee, the Provident Hospital Medical Executive Committee, the Provident Hospital Credentials Committee, the CCHHS Advance Practice Provider Peer Review Committee, and revoke the clinical privileges of Provider #1, who was the subject of the matter considered in today's closed session (Agenda Item IX(A)). THE MOTION CARRIED UNANIMOUSLY.

#### X. Adjourn

As the agenda was exhausted, Chairman Hammock declared that the meeting was ADJOURNED.

Respectfully submitted, Board of Directors of the Cook County Health and Hospitals System

Attest:

Deborah Santana, Secretary

Cook County Health and Hospitals System Board of Directors Meeting Minutes May 27, 2016

ATTACHMENT #1



## COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors
Dashboard Overview

27 May 2016

Krishna Das, MD, Chief Quality Officer



### **Board Quality Dashboard**

CCHHS QPS Committee Dashboard	CCHHS QPS Committee Dashboard CCHHS Board Metrics - Quality								
Data as of 5/11/2016									
PERFORMANCE MEASURES		CY 20:	15		CY 2016	4			
	1Q15	2Q15	3Q15	4Q15	1Q16	TARGET	VARIANCE*		
Stroger									
Core Measures			Monthly	Compos	ite				
Venous Thromboembolism (VTE) Prevention Only (%)	86	92	89	88		99%	-11%		
Venous Thromboembolism (VTE) Prevention & Treatment (%)	83	86	86	93		99%	-6%		
Efficiency - Operating Room			Mor	thly %					
Surgery Begins at the Scheduled Time (%)	46	50*	56*	48*	46*	80%	-34%		
Safety	Total # of Events								
Events: Ulcers, Falls, CLABSI and CAUTI	12	33	24	30	28				
Patient Experience									
Willing to Recommend Hosp (% top box)	70	66	69	71	70	85%	-15%		
Provident									
Core Measures									
Venous Thromboembolism (VTE) Prevention Only (%)	98	94	96	98		99%	-1%		
Venous Thromboembolism (VTE) Prevention & Treatment (%)	98	95	97	98		99%	-1%		
Efficiency - Operating Room	Monthly %								
Surgery Begins at the Scheduled Time (%)	16	65	84	83	74	80%	-6%		
Patient Experience									
Willing to Recommend Hosp (% top box)	67	68	52	89	78	85%	-7%		
ACHN									
Diabetes Control % with Hgb A1C < 9%	73	74	76	77	74	78%	-4%		
Patient Experience: Moving Through Visit	67	63	60	63	64	75%	-11%		
Patient Experience: Telephone Access	62	61	60	63	62	75%	-13%		

LEGEND
CLABSI: Central line-associated blood stream infections
CAUTI: Catheter-associated urinary tract infections
*Variance is target to recent full quarter



Cook County Health and Hospitals System Board of Directors Meeting Minutes May 27, 2016

ATTACHMENT #2



## CCHHS BOARD OF DIRECTORS

## Corporate Compliance Metrics May 27, 2016



### Meeting Objectives

#### To Receive and File:

- 3<sup>rd</sup> Quarter 2016 CountyCare Compliance Metrics
  - General Compliance Program Activity
     Reactive vs. Proactive
  - Grievances and Appeals
  - Fraud, Waste, and Abuse

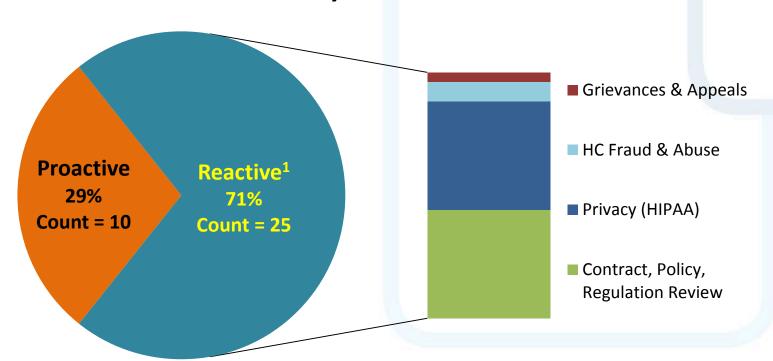




## **CountyCare Compliance Activities**

Metrics for Activities Initiated Quarter 3 of State Fiscal Year 2016 (January 1, 2016 – March 31, 2016)

#### **Activity Breakdown**



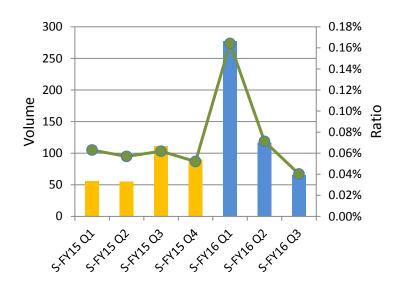




<sup>&</sup>lt;sup>1</sup> This is a total count of new issues raised through CountyCare Compliance. Not all issues are validated/substantiated.

### **Metrics for Grievances**

Volume & Ratio Comparison
State Fiscal Year 2015 to State Fiscal Year 2016 to Date
(July 1, 2015 to March 31, 2016)



Categories	S-FY 2015	S-FY16 Q1	S-FY16 Q2	S-FY16 Q3
Transportation	101	205	78	43
Quality of Care	167	53	26	10
Access to Care	18	8	4	4
Other	26	11	9	8
Total Count	312	277	117	65
CC Members <sup>2</sup>		168,749	164,365	161,723
Ratio		0.16%	0.07%	0.04%

<sup>&</sup>lt;sup>2</sup> The member count is based on the membership numbers for the last month of the quarter.

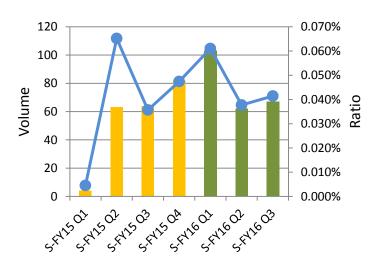




### **Metrics for Appeals**

## Volume & Ratio Comparison State Fiscal Year 2015 to State Fiscal Year 2016 to Date

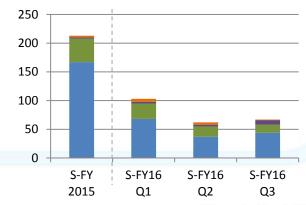
(July 1, 2015 to March 31, 2016)



Categories	S-FY 2015	S-FY16 Q1	S-FY16 Q2	S-FY16 Q3	
Medical Necessity	76	39 27		40	
Pharmacy	133	64 32		27	
Other	3	0	3	0	
Total Appeals	212	103	62	67	
CC Members <sup>2</sup>		168,749	164,365	161,723	
Ratio		0.061%	0.038%	0.041%	

<sup>&</sup>lt;sup>2</sup> The member count is based on the membership numbers for the last month of the quarter.

Appeals	S-FY 2015	S-FY16 Q1	S-FY16 Q2	S-FY16 Q3
Appeals	167	68	37	44
Expedited Appeals	41	27	18	14
External Independent Review	2	3	3	8
Fair Hearing	2	5	4	1
Total Appeals	212	103	62	67

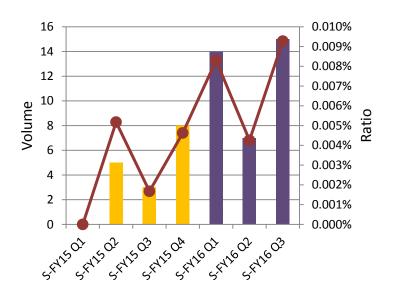






### Metrics for Fraud, Waste, and Abuse

Comparison of Issues<sup>3</sup> Raised
State Fiscal Year 2015 to State Fiscal Year 2016 to Date
(July 1, 2015 to March 31, 2016)



Member Issues	S-FY 2015	S-FY16 Q1	S-FY16 Q2	S-FY16 Q3	
Identity Theft	2	2	0	2	
Pharmacy Fraud	1	0	1	4	
Excessive Utilization	2	0	0	0	
Provider Issues	S-FY 2015	S-FY16 Q1	S-FY16 Q2	S-FY16 Q3	
Billing/Coding Inconsistencies	9	8	4	8	
Overutilization	1	1	2	0	
Quality of Care	0	1	0	1	
Stark/Anti-Kickback	1	2	0	0	
Total FWA Issues	16	14	8	15	
CC Members <sup>2</sup>		168,749	164,365	161,723	
Ratio		0.008%	0.004%	0.009%	

<sup>&</sup>lt;sup>2</sup> The member count is based on the membership numbers for the last month of the quarter.





<sup>&</sup>lt;sup>3</sup> Addressed through monthly CountyCare FWA and HFS OIG Committees. Referred to HFS OIG if indicative of FWA.

## Questions?





Cook County Health and Hospitals System Board of Directors Meeting Minutes May 27, 2016

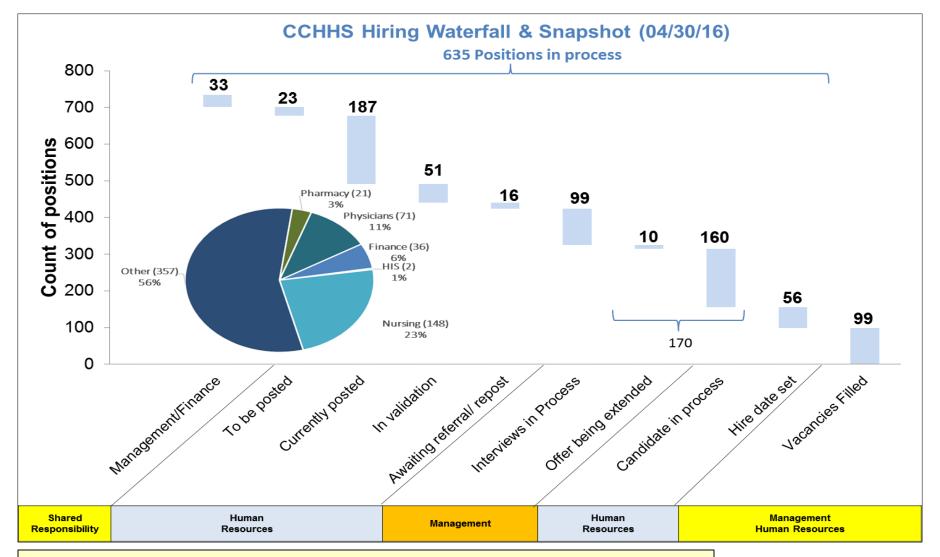
ATTACHMENT #3

## COOK COUNTY HEALTH & HOSPITALS SYSTEM

# Human Resources Metrics for CCHHS Board Of Directors May 27, 2016

Gladys Lopez, Chief of Human Resources





Our goal is to maintain a vacancy rate equal to or below 750.

#### Labor Hold Update:

Completed meetings with NNOC and Local 200; AFSCME Locals 1178 and 1276. Proceeding with extending offers to internal and candidates in these vacancies.

SEIU 73 Meetings are in process.



#### **Human Resources Metrics Summary**

Gladys Lopez, Chief of Human Resources

#### Fiscal Year 2016

December 1, 2015 - November 30, 2016

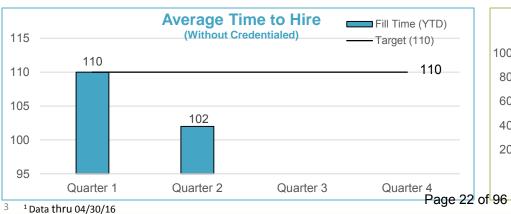
Goal: Continue to maintain open vacancies at 750 or ≤

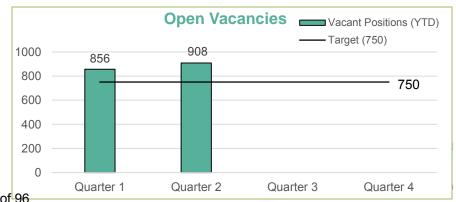
VA	CANCIES FILLED	FY15 TOTAL	Quarter 1 <sup>1</sup>	Quarter 2	Quarter 3	Quarter 4		FY16 TOTAL YTD
	CCHHS External	275	52	18			П	70
	CCHHS Internal	173	14	15			Ш	29
	Total CCHHS:	448	66	33				99
							Π	
	Nursing External	78	5	3			Ш	8
	Nursing Internal	68	1	7				8
	Total Nursing:	146	6	10				16



DATA THROUGH: 04/30/16

Nursing External Nursing Internal		78		5	3			8	A STATE OF THE STA
Total Nursing:		68 <b>146</b>	i t	6	10		T	8 16	
rotaritaring.									_
SEPARATIONS									VARIANCE
CCHHS Separations		261	1 1	152	70			222	-39
Total Net New CCHHS:		14		-100	-52			-152	<b>-166 △</b> -1186%
Nursing Separations		73	1 1	44	11			55	-18
Total Net New Nursing:		5		-39	-8			-47	-52 <b>←</b> -1040%
TURNOVER									
CCHHS FTEs		6,017	П	6,273	6,238			6,238	221 📤 4%
Total CCHHS Turnover:		4.3%	ır	2.4%	3.6%			3.6%	-0.7% ▼ -17%
			ΙΓ						
CCHHS New Hire FTEs		275		52	18			70	205
CCHHS New Hire Separations		16	1 1	4	4			8	-8 ▼ -50%
Total FY15 New Hire Turnover:		6%		8%	22%			11%	6% 4 96%
OPEN VACANCIES	Target	l							
Total CCHHS Vacant Positions:	750	767	П	856	908	1	1	908	158 📤 21%
Less Deleted Positions / PIDs	730	11	1 }	0	0	1	-	908	136 — 217
Total RTHs in HR (In Process):		744	lt	533	635	1		635	-109 ▼ -15%
Total KTHS HTH (HTT Tocess).		7 - 7 - 7		000	000				100 🗸 107
AVERAGE TIME TO HIRE	Target								
Average Days to Hire (Month):	110	140	ſſ	131	119			128	18 📤 16%
(With Credentialed)									
Average Days to Hire (Month):	110	140		110	102			122	12 📤 11%
(Without Credentialed)						I			





## **Closed Session**



Cook County Health and Hospitals System Board of Directors Meeting Minutes May 27, 2016

ATTACHMENT #4



## COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors
Finance Dashboard
27 May 2016



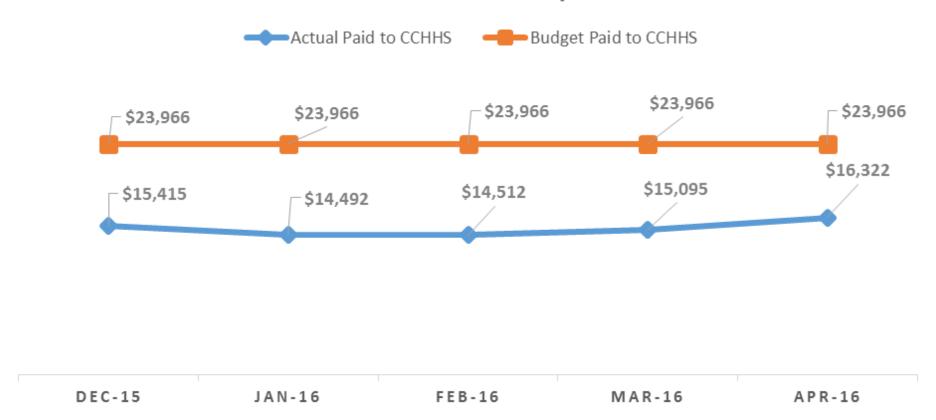
### **Board Finance Dashboard**

Key Measures	2014	2015	Mar-16	Apr-16	Change From Prior Month	FYTD'16 Budget or Goal	% to Budget or Goal
Days in Patient Accounts Receivable (Net)*	37	33	53	51	-3.8%	49.8	2.4%
Days Cash on Hand	96	108	48	66	37.5%	60	10.0%
Overtime as %tage of Gross Salary	8.3%	7.3%	8.5%	8.2%	-3.5%	5.0%	64.0%



### **Board Finance Dashboard**

## COUNTYCARE NET IMPACT ON CCHHS (IN THOUSANDS)

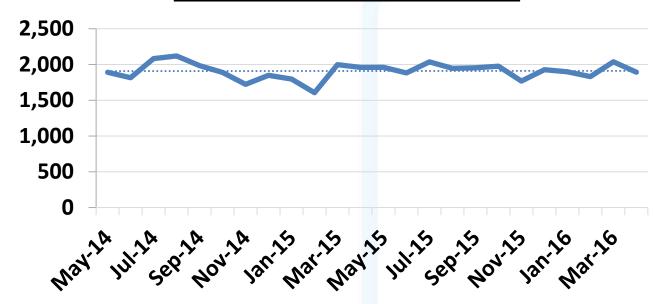




## **Volumes/Stats**



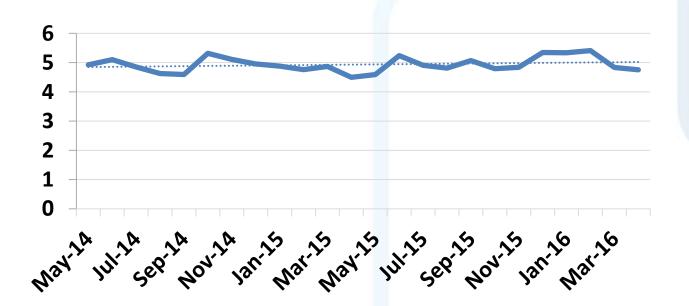
## Total Inpatient Discharges-24 month trend



\*includes PICU & Nursery



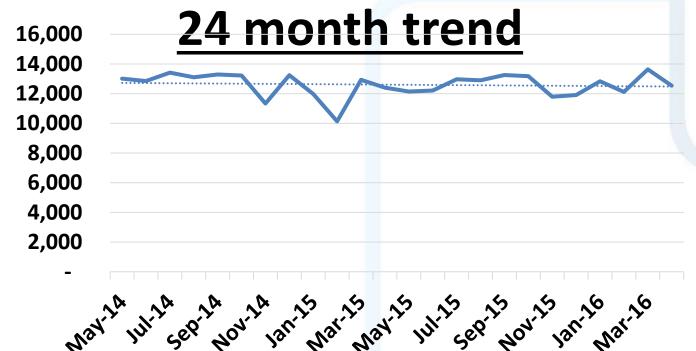
### Average LOS-24 month trend



\*includes PICU & Nursery, hourly census



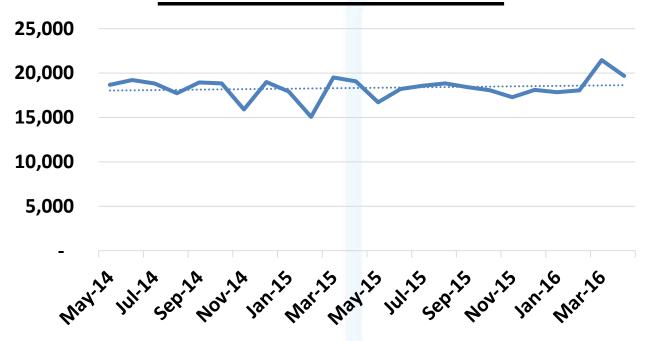
## Total Emergency Room Visits -



\*includes Adult, Peds and Trauma

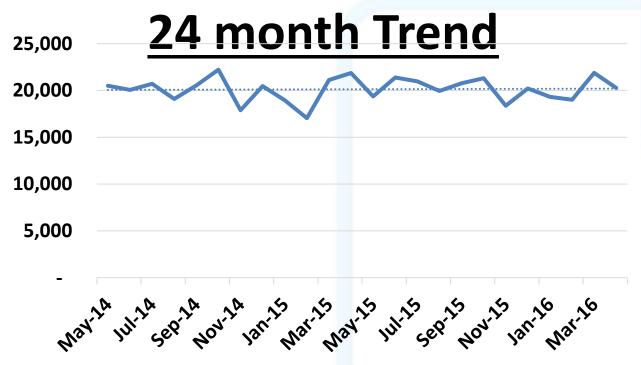


## Primary Care Provider Visits 24 month trend





## Specialty Care Provider Visits





Cook County Health and Hospitals System Board of Directors Meeting Minutes May 27, 2016

ATTACHMENT #5



JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH & HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
May 27, 2016

#### Recognition

Congratulations to the winners of the **Professional Registered Nurse Annual Clinical Excellence Award** which were presented on May 20<sup>th</sup> in the following categories.

ACHN - April Fierro, RN, CORE Center

Emergency Dept. - Rajani Meduri, RN, Stroger

Corrections - Elizabeth Santos, RN

Immediate Care - Theresa DeCastro, RN

PCMH- Kathy McLoyd, RN, CORE

Specialty Care - Jovita Peppers, RN, Clinic E

Maternal Child - Angelica Moore, RN, Stroger Mental Health - Barbara McDonagh, RN, Fantus Nurse Mentor - Jimmy Truong, RN, Stroger Medical/Surgical - Valerie Bogan, RN, Stroger Public Health – Nancy Angelopoulos, RN

Nurse Leader - Ellen Costello, RN, MSN, APN Regional Director

**Dr. Kenya Key**, Chief Psychologist at Cermak Health Services was awarded a **Women of Excellence Award** from the Chicago Defender for her contribution to the community.

Dr. Key has extensive experience with women's mental health concerns, presenting at national conferences pertaining to gender specific treatment for incarcerated girls and women, including participation in a broadcast seminar for the U.S. Department of Justice - National Institute of Corrections, entitled "Health, Justice, Women: Behavioral Health and OB/GYN" (2013). She is actively involved in the National Institute of Corrections Mental Health Network, has spoken on panels for The African American Legacy, The Robert R. McCormick Foundation, and The Illinois Justice Project regarding mental health issues, specifically as they relate to the intersection with the criminal justice system. Dr. Key has also served as an Associate Editor of The Community Psychologist, an American Psychological Association Division 27 Publication. Dr. Key is also a trained facilitator for Rainbows For All Children, a volunteer organization that provides free supportive group therapy to assist youth in coping and healing from the trauma of grief and loss.

The Illinois Department of Public Health (IDPH) and the Illinois Emergency Medical Services for Children (EMSC) program honored **Dr. Stathis Poulakidas**, the Chair of Burn and Wound Services at John H. Stroger Jr. Hospital, with a special pediatric care **Clinical Excellence Award** for his contributions to childhood care. The Ron W. Lee, M.D. – Excellence in Pediatric Care Awards are given annually by IDPH and EMSC to recognize those dedicated to pediatric emergency care and childhood injury prevention initiatives.

"Dr. Poulakidas' medical research, training programs, care for burn victims, and his work to raise awareness about burn prevention show his dedication to children's health," said IDPH Director **Nirav D. Shah, M.D., J.D**. in a recent press release, "I am honored to award Dr. Poulakidas the Ron W. Lee, M.D. Excellence in Pediatric Care Clinical Excellence Award."

The Ron W. Lee, M.D. Excellence in Pediatric Care awards are presented each May. Dr. Lee was the medical director for the Division of Emergency Medical Services and Highway Safety at IDPH, as well as the director of emergency medicine at Loyola University Medical Center and was instrumental in establishing and fostering the EMSC program in Illinois. He passed away in 1998.

#### **Patient Experience Recognition**

On a recent visit to the burn unit, a member of the senior leadership team encountered two families of current patients who approached her reaping praise on the entire CCHHS team for the care they were provided from 'the minute they walked in the door'. They specifically pointed out **Dr. Poulakidas'** bedside manner, compassion and care and noted the impact that nurse **Jeyalakshmi "Jeya" Selwyn** has had on their ability to cope with the devastating impact of the injuries sustained by their family members saying "I don't know what we would have done without Jeya's gentle touch. She has gotten me through this."

#### **Activities and Announcements**

- As part of the strategic planning process, System leadership has hosted three employee town halls and four
  community town hall meetings to gather feedback. Additional opportunities for feedback have been created for
  staff including an online survey and email address for their suggestions. The community can share feedback by
  visiting the 'governance' section of the website. Much appreciation to our community outreach staff who
  organized these events.
- The **Greater Chicago Food Depository's Fresh Truck** visited the Logan Square Health Center for the 5<sup>th</sup> time on May 24 and served 164 households representing 614 individuals, which is the best turnout to date for Logan Square. The produce distribution included bananas, cantaloupe, peaches, tomatoes, cucumbers, peppers, kale, onions, and potatoes. Additional Fresh Truck distributions are scheduled for Cottage Grove Health Center on June 7 and Robbins Health Center on June 21. Oak Forest Health Center staff are scheduled to participate in a food insecurity training in early June; the first Fresh Truck visit to OFHC is anticipated to occur in late summer/early fall.
- Stroger Hospital's stroke program will be surveyed by the Joint Commission between May and August 2016 as
  part of its Primary Stroke Center recertification process. The hospital will receive one week's advance notice of
  the survey, which will last for one day.
- The Ambulatory and Community Health Network is preparing for its Joint Commission visit which is expected
  any time between now and next March. The accreditation visit will include Oak Forest, Sengstacke, Stroger
  subspecialty and all primary care clinics and includes PCMH certification.
- The Cook County Health Foundation (CCHF) has set Tuesday, December 6<sup>th</sup> for its 3<sup>rd</sup> Annual Gala which will be held at Morgan Manufacturing. Proceeds from this year's event will benefit CCHHS' behavioral health program. The Associate Board of the Cook County Health Foundation has held several successful events in recent months to expose young professionals to CCHHS. The Associate Board has set Saturday, July 9<sup>th</sup> for its first Gala at Ignite Glass Studios (invitation attached).

### • Patient Experience

- The central campus parking strategy continues to make more space available for patients and visitors.
   To date approximately 200 employees have been relocated to other facilities with more to follow.
- Construction will begin shortly on improvements designed to improve the experience for our surgical
  patients on the 3<sup>rd</sup> floor of Stroger. When completed, our patients will be able to report directly to the
  third floor for all of their pre-op needs rather than starting on the first floor.
- O As reported in our recent Press Ganey numbers, scores for **cleanliness** are on the rise. While not yet a trend, we are appreciative of our new environmental services manager and our EVS employees who have partnered to develop and implement new strategies that appear to be successful.
- CCHHS has posted an RFP for the Assessment, Development and Oversight of a Patient and Experience and Service Excellence Program. The intention is to bring in a patient experience consultant to a) assess CCHHS' current service culture, b) develop and implement a program to improve the patient experience and service of excellence model and c) measure and monitor the results of said program.
- On Monday, May 23, in collaboration with Access Community Health Network, CCHHS/CountyCare hosted its 6<sup>th</sup> Redetermination event at the Access Kedzie Family Health Center located at 3229 W 47th Place in Chicago. The event was attended by 61 CountyCare members seeking assistance with redetermination paperwork and other enrollment questions. Several CountyCare members in attendance receive their care at CCHHS's Fantus Health Center while others receive it at the health centers operated by Access, Alivio, Esperanza, and Lawndale Christian. About half of the attendees were Spanish speakers and/or of Latin descent. Overall. CountyCare staff submitted 25 redetermination forms to the State for review. There were a few members who could not reenroll as they exceeded the financial guidelines and the Access financial counselor helped them with marketplace enrollment options. There were other members who had been cancelled by the State, but upon further review we will be helping them to resubmit forms with correct financial information. Our CountyCare care coordination staff helped a few members with difficult medical questions that they had. Finally, based on our survey results, 56 of the attendees mentioned that they would definite recommend the CountyCare Health Plan to friends or relatives.
- The third issue of the **CCHHS community newsletter** (attached) will go out today. The distribution list has grown to more than 4,000 individuals and organizations.

### **Legislative Update**

#### State

- Late Wednesday, May 25<sup>th</sup>, the House approved an FY17 budget to fund K-12 education, higher education, and social services (i.e. programs not currently being paid through court orders or mandates) which passed 63-53-01. Without new revenue, this budget bill is \$7 billion short. This bill now heads to the Senate for a concurrence vote; the Governor said that he intends to veto this legislation if it makes it to his desk.
- Thursday, May 26<sup>th</sup> the House unanimously approved SB384 which permits hospitals governed by the Illinois Open Meetings Act, including CCHHS, to go into closed session for matters protected under the federal Patient Safety and Quality Improvement Act and the federal Health Insurance Portability and Accountability Act (HIPAA). The bill was unanimously approved by the Senate in April. The bill now goes to the Governor for approval. The effective date of the legislation is January 1, 2017.
- Earlier this month, the Illinois Senate approved HB5736, which extends the sunset date for a portion of the All
  Kids health insurance program that covers 41,000 Illinois children regardless of immigration status. The bill now
  moves to the Governor for his signature.
- The General Assembly is scheduled to adjourn on May 31, 2016.

### **Federal**

- On May 6, 2016 the Centers for Medicare and Medicaid (CMS) published the Medicaid managed care rule. Of
  concern to CCHHS is the phase out of directed payments which will occur over a period of ten years with a 10%
  cut each year and shrunken rate ranges. CMS has asserted that they found directed or "pass through" payments
  that were not generally linked to delivery services or the outcome of these services and that these payments
  were not actuarially sound.
- The House and Senate Committees on Appropriations have begun their work on FY2017 appropriations
  legislation. These committees generally leave the more contentious legislation until later in the summer and as
  a result neither committee has published or held any hearings on proposed HHS appropriations.
- Last week the Senate voted to move forward with a \$1.1 billion package of emergency spending to fight the Zika virus. The legislation would bring the total amount of money available to fight Zika to \$1.6 billion, about \$300 million below President Obama's February request. The Senate's funding would be on top of \$589 million redirected from the Obama administration's last emergency funding request for the Ebola virus.

The House approved a \$622 million package to fund the Zika response through September 30<sup>th</sup>, the end of FY2016. The House offset the spending by using unspent Ebola money, as well as unused administrative funding within the Department of Health and Human Services (HHS). The National Institutes of Health (NIH) would get \$230 million, the Centers for Disease Control and Prevention (CDC) would receive \$170 million, the U.S. Agency for International Development would receive \$119 million and the Biomedical Advanced Research and Development Authority would get \$103 million for the remainder of FY2016. House Appropriators intend to include additional Zika funds in the FY2017 Labor-HHS-Education bill. The White House issued a <u>Statement of Administration Policy</u> in opposition to the bill.

Next steps include a conference between the House and Senate to reconcile the differences between the two Zika bills. The Senate Appropriations Labor-HHS-Education Subcommittee Chairman hopes to have an agreement before July recess.

• Last week the House named 35 members to serve on a conference committee with the Senate to reconcile House and Senate passed-bills on opioid abuse treatment and prevention. The Senate passed one comprehensive bill while the House approved 18 individual measures.

Speaker Paul Ryan appointed 21 Republican members to the conference committee including Illinois delegation members Adam Kinzinger and Bruce Dold. Minority leader Nancy Pelosi appointed 14 Democrat members to the conference committee.

The House and Senate measures provide authorization but not appropriations for millions in new or expanded grant programs. While there is bi-partisan support for this issue, there is dispute about the level of funding needed.

Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.

### **Community Outreach**

June 1	CCHHS and CountyCare promotion at <b>New Covenant MB Church's "Step It Up" Senior Expo</b> at the church grounds located at 754 E. 77th Street in Chicago.
June 1	CCHHS and CountyCare promotion at the <b>Summit Senior Lunch-In</b> hosted by <b>Summit Park District and Family Health Network</b> at a local park located at 5700 S. Archer Road in Summit.
June 2	CCHHS and CountyCare promotion at the <b>Senior Health Disparity Fair</b> hosted by <b>Georgia Doty HHCO</b> at the Antioch Baptist Church located 6953 South Stewart in Chicago.
June 4	CCHHS and CountyCare promotion at <b>Asian Community Health Fair</b> hosted by the <b>Epoch Media Group</b> at the National Teachers Elementary Academy located at 355 W. Cermak in Chicago. Mandarin speaking staff from the Near South Health Center will accompany the outreach team to this event in an effort to promote the health services of our ACHN site.
June 4	CCHHS and CountyCare promotion at the <b>Second Chance Expungement Summit</b> hosted by <b>Cook County Clerk of the Court</b> at the Thornton Township High School located at 15001 Broadway in Harvey. The Expungement Summit. Much like the Summit of Hope, presents an opportunity to bring health and insurance resources to the formerly incarcerated population.
June 5	CCHHS and CountyCare promotion at the <b>Blue Island Open Streets Event</b> hosted by <b>American Heart Association and the City of Blue Island</b> at the Blue Island's Streets around 12300 S. Greenwood Ave.
June 8	CCHHS and CountyCare promotion at <b>Molina's Health Fair</b> hosted by <b>Molina Healthcare of Illinois</b> at the Martin Luther King Community Center located at 4314 S. Cottage Grove in Chicago. This is the first local event being hosted by the Molina Medicaid Plan.
June 8	CCHHS and CountyCare promotion Country Club Hills Senior Health Fair hosted by City of Country Club Hills at the City hall located at 4200 W. 183rd Street in County Club Hills.

June 8	CCHHS and CountyCare promotion at the <b>Communities United "Education Conference 2016: Celebrating Our Neighborhood</b> at the Hanson Park Elementary School located at 5411 W.  Fullerton Avenue in Chicago.
June 12	CCHHS and CountyCare promotion at <b>TNBC 8th Annual Family Day Outing</b> which is hosted by the <b>TNBC Chicago Chapter</b> at Bremen Grove located at 16061 Oak Park Avenue in Tinley Park.
June 22	CountyCare promotion at the <b>Glenwood Senior Fair</b> hosted by <b>Mayor Ronald Gardiner and the Department of Parks &amp; Recreation</b> at John H. Blakey Center located at 1 South Rebecca Street in Glenwood.
June 23	CCHHS and CountyCare promotion at the <b>Holy Angels Catholic Church Health Fair</b> hosted by <b>McCormick Chamber of Commerce and the Church</b> at the church grounds located at 615 E. Oakwood Boulevard in Chicago.
June 25	CCHHS and CountyCare promotion at the Latino Organization of Southwest's Health and Resource Fair at their headquarters located at 4051 W. 63rd Street in Chicago.
June 25	CCCHHS and CountyCare promotion at the <b>5th Annual "My Wellness, Our Community" Fair</b> hosted by <b>Erie Neighborhood House</b> in the street outside their facility located at 4225 W. 25th St. in Chicago.
June 25	CCHHS and CountyCare promotion at the <b>Greater Works Community Festival</b> hosted by <b>The Greater Works Foundation and Harmony</b> at the IIT Keating Sports Center located at 3040 S. Wabash in Chicago.
June 30	CCHHS and CountyCare promotion at Men's Prostate Cancer Symposium hosted by the The HIV & Hepatitis Community Outreach Georgia Doty at the Charles Hayes Center located at 4859 S. Wabash in Chicago.

CCHHS and CountyCare promotion to the parents of the Morton East High School in Cicero. This joint program with the Staff of the Morton East Health Center seeks to ensure that parents of the students attending the school know about the CCHHS Cicero Health Center and also understand the options of health insurance coverage through CountyCare. Health Center Staff will also do back to school physicals for the entering freshmen.

At Morton East High School (2423 S. Austin Avenue in Cicero):

- Thursday, May 26- 9am-100pm
- Tuesday, May 31- 9am-100pm
- Thursday, June 2- 200pm-600pm
- Wednesday, June 8- 8am- 1200pm
- Tuesday, June 14-8am-1200pm
- Monday, June 20- 200pm-600pm
- Tuesday, June 21- 800am-1200pm

At Freshman Center (1801 South 55th Avenue in Cicero)

- Monday, June 6- 1130am-600pm
- Tuesday, June 7- 1130 am-600pm



Saturday, July 9, 2016 at 7:00pm Ignite Glass Studios 401 N. Armour Street

Purchase tickets here: http://ignitethenightcookcounty.eventbrite.com



## QUALITY & SAFETY**U**pdate



## Mandatory National Patient Safety Goal Training – Medication Labeling

All CCHHS staff who work in a clinical area where procedures are performed must complete National Patient Safety Goal (NPSG) training. The training is offered through CCHHS' online learning management system on the Intranet. To access the training, click the "Training" link on the top of the Intranet homepage and then click on "Link to CCHHS- Annual Training" (image on the right). You will be asked to log-in and select the "N.P.S.G." training module. Please contact Rose Baez at rbaez@cookcountyhhs.org for more information about the training. Click here to email technical assistance.

### High Reliability in Health Care

To provide the highest-quality, safe care, health care organizations must be highly reliable.

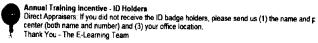
"High reliability organizations are organizations with systems in place that make them exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors," according to Quint Studer, a health care expert and founder of the Studer Group.





# Contact Us E-Learning E-Mail: eiearning@cookcountyhhs.org E-Learning Office Phone: 312-864-7336 Help Desk Phone: 312-864-HELP (4-4357)

#### Information for You





There are opportunities to learn from high reliability industries, such as the airline industry. In the airline industry, there is one crash per 2.5 million flights- a very small error percentage. A recent study by Johns Hopkins Medicine estimated that medical errors are the third leading cause of death in the U.S., with perhaps as many as 250,000 Americans dying each year from medical errors. While it remains to be seen if this study's ultimate conclusion is valid, it is certainly the case that health care is a complex, error-prone endeavor. Health systems may underestimate the true prevalence of errors based on self-reporting alone, and thus may be unaware of significant opportunities to improve the safety of the care they provide. The Joint Commission recommends that health care organizations adopt the principles of reliability to provide safe, consistent care.

### **Principles of High Reliability**

- Preoccupation with failure: attentiveness to possibility of an error
- Reluctance to simplify: processes are complex, always 'dig deeper'
- <u>Sensitivity to operations</u>: awareness of what's working, or not
- Commitment to resilience: ability to handle, learn from adverse events
- <u>Deference to expertise</u>: who really knows the work?

The first principle, **preoccupation with failure**, means assuming that a mistake can happen any time. This leads to strategies and processes where the possibility of an error is assumed, and staff double check to ensure it does not. The 'time-out' process is one such example where we check to ensure the correct patient, the correct procedure and the correct site before a procedure begins. Medication labeling is another example of double-checking by labeling any container where medication is transferred, and using visual and verbal handoffs when the medication is administered. These strategies make a big difference in patient safety – always assume an error is possible and follow policies that force us to 'double check'. In forthcoming issues, we will discuss other elements of high reliability.



## STRATEGIC PLANNING

Last week, the employee engagement component of the CCHHS strategic planning process kicked into high gear. This issue of Strategic Planning Update is intended to provide a high level summary of the information discussed at the town hall meetings and provide answers to several of the questions asked that are core to the strategic planning process.

The employee town hall meeting at Provident was attended by more than 65 employees and allowed us to share system-wide priorities as well as the exciting plans we have for the Provident Community outlined below:

- We are working closely with the County's Bureau of Asset Management on the plans to build a new Regional Outpatient Center (ROC). This requires acquisition of land, designing the new building and meeting all the building codes and regulatory requirements. The goal is to open a new ROC that provides a full continuum of outpatient care including behavioral health and dental services.
- We also had the opportunity to talk about the new state-of-the-art mammography suites and the build-out of the new eye center which is performing procedures few other hospitals provide. Community Open Houses are coming soon.
- A discussion around the future of hospital services on the south side and specifically the future of Provident generated a lot of questions. Yes, the census at Provident is low and we are now staffing to volumes but the Emergency Department and the outpatient clinics - the two areas that typically drive inpatient admissions - continue to see good volumes. If we can build up outpatient volumes through increased access to primary and specialty care then we certainly have an opportunity to increase our inpatient volumes. This is a classic example of the interdependence that exists within the health system. The success of our outpatient strategy will define the role of our inpatient services.

More than 50 employees turned out for the Oak Forest employee town hall where the discussion was also heavily focused on outpatient services.

 Several individuals asked about the future of the Immediate Care Center (ICC). The ICC currently operates 24-7. There are approximately 13,000 visits to the ICC annually, with 75% of them happening between 7am and 5pm. We are currently taking a close look at the ICC and whether it makes sense to continue to operate a 24-7 center or whether a mix of traditional ICC services coupled with things like pediatrics and behavioral health services make better sense. Stay tuned.

- CCHHS plans to move out of Oak Forest to provide modern care in a facility designed for ambulatory care that has better access for our patients to ancillary services and public transportation. Oak Forest is very expensive to maintain and does not provide the experience we want for our patients. Eventually we will move out of Oak Forest into a modern Regional Outpatient Center.
- We are investigating a shuttle bus option for those who get off the bus at 159<sup>th</sup> & Cicero and have to walk to the back corner of the campus.

A couple general questions were raised that are applicable to the entire organization:

- What's happening to all the paper medical records? CCHHS moved to an electronic medical record more than 10 years ago. Recent efforts to scan all the paper documents will free up additional space in our facilities for more patient care.
- Is there a plan to organize all the ambulatory clinics the same way? Yes. The new clinic managers will be responsible for the day-to-day management of their ambulatory site, including proper staffing, the achievement of performance metrics such as patient flow, customer service and more. They will work closely with medical staff and nursing leadership allowing clinical staff to focus on patient care. The addition of these clinic manager positions will allow CCHHS to create a standardized clinic operations model with a designated and accountable leader.
- In the recent displacements, we were informed there would be no bumping however several staff were bumped. Why were the union contracts not considered? Management's goal was to reach Memorandums of Understanding

# STRATEGIC PLANNING

with all our labor partners to minimize disruption to both patient care and employee stability by identifying vacant positions for the impacted employees. We were unable to reach an agreement with all of our labor partners and we regret this did not occur. We appreciate how everyone rallied on behalf of our patients. If you have a question or concern about the process, you should contact your Labor Leadership.

We will host our Central Campus employee town hall meeting on Tuesday, May 17th from 4:15 pm – 5:30 pm in the Hektoen Auditorium. If you are unable to join us, please review the strategic planning documents that the CCHHS Board has been reviewing, listen to the town hall presentation and take a few minutes to fill out a survey which will be available until the end of the month. You may also send your strategic planning ideas to strategicplan@cookcountyhhs.org.

I hope that you will participate fully in this process and I look forward to your feedback. Working together, we have an enormous opportunity to both strengthen the legacy and mission of CCHHS while at the same time thriving in the competitive and evolving world of health care.

Sincerely,

Dr. Jay Shannon Chief Executive Officer

### Key Principles of the CCHHS Strategic Plan



### Improve Health Equity

Health equity is achieved when every person has the apportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances, (Source: Institute of Medicine)



Provide high quality, safe, reliable care
The quality of patient care is determined by the
quality of infrastructure, training, competence of
personnel and efficiency of aperational systems.
The fundamental requirement is the adoption of
a system that is 'patient centered' and the
implementation of highly reliable processes:



### Demonstrate value, adopt performance benchmarking

Benchmarking creates a strong foundation to measure transformative change. It allows us to have a fact-based understanding of where we are and how we are succeeding at reaching our goals.



### Develop human capital

Our 6,270 employees are our biggest asset. Bullding employees skills through education and development opportunities should not only improve efficiency and quality of care, but staff and patient satisfaction.



# Lead in medical education and clinical investigation relevant to vulnerable populations.

Cook County has a rich history of medical training and top notch elinical research, particularly for vulnerable papulations. This legacy is an important component of our system to maintain our workforce pipeline and develop effective innovations in core.



The Cook County Health & Hospitals System



# SYSTEM NEWS

## Letter from the CEO

### Thank You for Your Input!

I'd like to give my sincere thanks to everyone who came out to our Town Hall meetings this month. We held four meetings, two on Chicago's west and south sides, one in Oak Forest and one in Cicero, to discuss CCHHS' strategic plans and vision for the future, as well as to get input from the communities we serve. Our communities' perspective is invaluable as we move



forward in positioning our health system for continued success. During the meetings, many of the questions we received were about upcoming plans for our health care sites and I'd like to share some details with you here:

**Provident Hospital:** CCHHS intends to build a new health and diagnostic center in the Provident community. We envision a regional outpatient center (ROC) focused on primary care and prevention, accessible to our patients and integrated with community services. A new ROC will provide primary and specialty care services, laboratory and diagnostic services including a full spectrum of radiology services. The ROC will ultimately also provide dental, behavioral health, orthopedics and geriatric services: services much-needed in the community. These plans add on to the updates that have already occurred at Provident with the construction of a brand new state-of-the-art mammography suite.

Oak Forest Health Center: CCHHS plans to move out of the current Oak Forest campus to provide modern care in a facility designed for ambulatory care that has better access for our patients to ancillary services and public transportation. Oak Forest is very expensive to maintain and does not provide the experience we want for our patients. In the next few years, we plan to move into a new regional outpatient center, similar to the ROC we plan to build in the Provident community.

**Central Campus:** As reported in last month's issue of Community News, Cook County and CCHHS are building a new outpatient facility on our west side campus that will replace the outdated Fantus Health Center. Starting later this year clinical services will move out of Fantus Health Center and into Stroger Hospital to prepare for the transition. This means that there will be some construction in Stroger to accommodate those services for the time being. Please bear with us! Construction on the new building starts in 2017 and we are looking forward to caring for our patients in a modern facility.

Health Centers: CCHHS has 15 community health centers where we provide primary care and specialty care. In the coming years, we intend to rebuild, relocate or renovate each of our health centers. We are currently working on plans to improve our Cicero, Logan Square and Vista health centers.. We will be sure to latest details with you as they become available.

All of these plans are intended to help CCHHS best serve our patients now, and for generations to come. If you were not able to attend a town hall meeting but would still like to provide input on CCHHS' plans for the future, please visit:

www.cookcountyhhs.org/provide-input-on-cchhs-2017-2019-strategic-plan/

Dr. Jay Shannon, CEO, CCHHS

Click here to share ideas for CCHHS'
Strategic Plan

## Mail Order Pharmacy: CCHHS Patients can Get Prescriptions Delivered to their Door

Did you know that CCHHS has a Mail Order Pharmacy? The Mail Order Pharmacy can deliver prescription medications right to the door of our patients offering a convenient and safe way to refill prescriptions plus saving a monthly trip to a pharmacy.

The Mail Order Pharmacy also operates a 24/7 prescription call center so patients can request a prescription refill. The center also calls patients



Staff at the CCHHS Mail Order Pharmacy

with refill reminders and works directly with patients' physicians on refill requests.

Located on the Oak Forest Health Center campus, the Mail Order Pharmacy fills more than 65,000 prescriptions each month for 26,000 CCHHS patients!

The Mail Order Pharmacy can be reached at 1-800-458-0501.

## National Nurses Week

CCHHS celebrated National Nurses Week with a nursing appreciation event on May 12th.



William and Stephanie Jones pictur**pd பூசு ஆ**ர்ட்டு இசி S nurses wearing traditional "nursing whites".

William Jones and his wife Stephanie were two of the event's guest speakers. After spending nearly a month in the Cook County Trauma Unit at Stroger Hospital, Mr. Jones wanted to recognize the clinical team that cared for him.

"Saying thank you seems so insufficient, but I can find no words that truly express my feelings appropriately, so I will stick with those two simple words with the hopes that you know the depth of emotion and gratitude they contain," said Mr. Jones.

CCHHS wishes our nurses a very happy National Nurses Week! Thank you for the incredible work you do each and every day, and thank you to our patients, like Mr. Jones, who inspire us.

### 2016 Clinical Excellence Award Recipients



1st row L to R: Kathy Pavkov, RN, Ellen Costello, RN, Kathy McLoyd, RN, Nancy Angelopoulos, RN, Jovita Peppers, RN and CEO Dr. John Jay Shannon. 2nd row L to R: Theresa De Castro, RN, Elizabeth Santos, RN, Barbara McDonagh, RN, Rajani Meduri, RN, Angelica Moore, RN and April Fierro, RN.

## Awards & Recognition

CCHHS Pediatrician **Dr. Marjorie Fujara** has received a community spirit award for health-focused organizational and civic leadership from the Chicago Department of Public Health for her role in education on Adverse Childhood Experiences, her clinical responsiveness to child victims of sexual assault and her leadership in child abuse prevention efforts.

The Illinois Department of Public Health (IDPH) and the Illinois Emergency Medical Services for Children (EMSC) program honored **Dr. Stathis Poulakidas**, the Chair of Burn and Wound Services at John H. Stroger Jr. Hospital, with a special pediatric care Clinical Excellence Award for his contributions to childhood care. The Ron W. Lee, M.D. – Excellence in Pediatric Care Awards are given



Dr. Stathis Poulakidas

annually by IDPH and EMSC to recognize those dedicated to pediatric emergency care and childhood injury prevention initiatives.

"Dr. Poulakidas' medical research, training programs, care for burn victims, and his work to raise awareness about burn prevention show his dedication to children's health," said IDPH Director **Nirav D. Shah, M.D., J.D.** "I am honored to award Dr. Poulakidas the Ron W. Lee, M.D. Excellence in Pediatric Care Clinical Excellence Award."

Page 47 of 96

"This award is a testament to the clinical expertise, compassion, and dependability Dr. Poulakidas provides our pediatric patients," said Cook County Health & Hospitals System CEO **Jay Shannon**, **M.D.** "In addition to providing patients with superior burn care, he also enthusiastically shares his expertise with clinicians throughout our region, improving access to world-class pediatric burn care in communities across several states"

The Ron W. Lee, M.D. Excellence in Pediatric Care awards are presented each May. Dr. Lee was the medical director for the Division of Emergency Medical Services and Highway Safety at IDPH, as well as the director of emergency medicine at Loyola University Medical Center and was instrumental in establishing and fostering the EMSC program in Illinois. He passed away in 1998.

## Visit our website at cookcountyhhs.org

## **CCHHS** in the News

- CCHHS' Stroger Hospital Earns Accreditation from The Joint Commission
- Old Cook County Hospital Rehab Gets Thumbs Up
- 5 Safety Net Hospitals, Health Systems to Know

## **Upcoming Events**

- May 27: CCHHS Board of Directors meeting Board Meeting – 9 a.m.
- June 5: Cancer Survivor's Day
- June 24: CCHHS Board of Directors meeting Board Meeting – 9 a.m.

If you would like to invite a representative from CCHHS to attend a community event, please send an email to events@cookcountyhhs.org.

To provide feedback on CCHHS Community News, update your contact information, or unsubscribe, please email Marcelino Garcia, Director of Community Affairs, at mgarcia6@cookcountyhhs.org.

### **Employment**

CCHHS is hiring! Check out our website, <u>cookcountyhhs.org/careers</u> to find open positions.



Cook County Health and Hospitals System Board of Directors Meeting Minutes May 27, 2016

ATTACHMENT #6



# Cook County Health and Hospitals System Presentation to Inform Strategic Plan

Health Equity Terry Mason, MD

**Chief Operating Officer** 

Cook County Department of Public Health

May 27, 2016



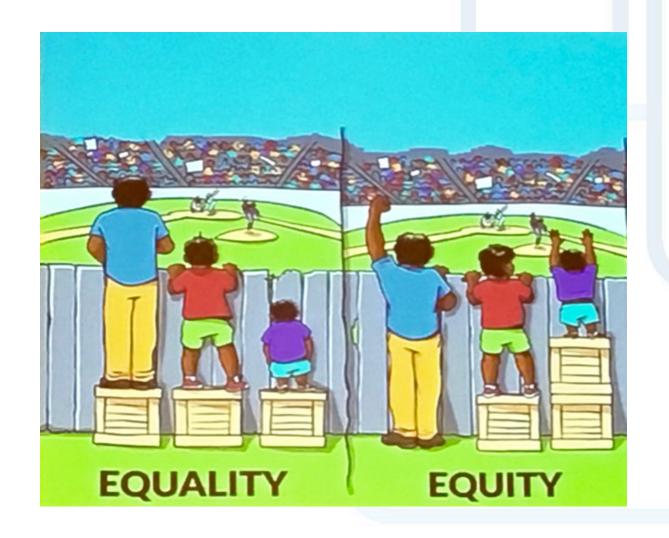
## Outline

- Conceptual Framework
- Terms
- Historical Perspective
- Data
- Recommendations

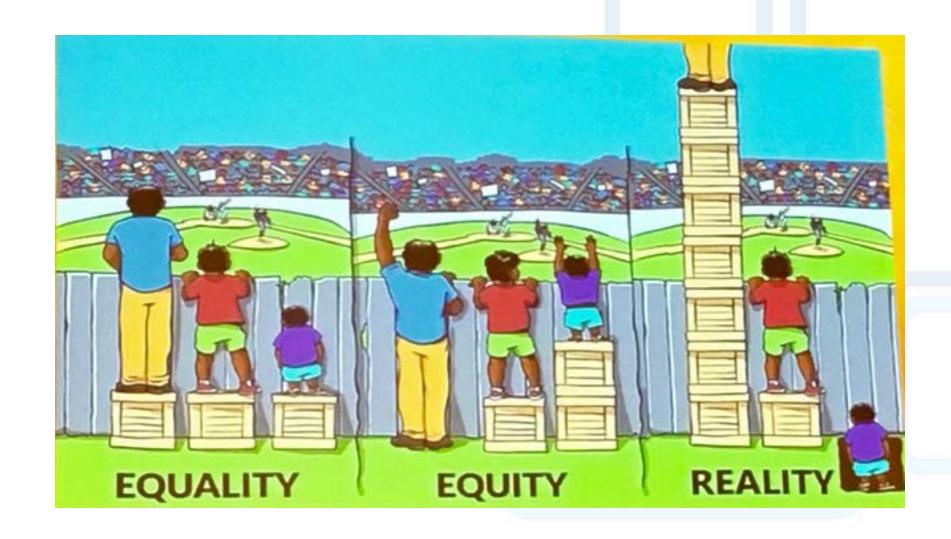














## **CCDPH Mission Statement\***

To optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaboration, focusing on health promotion and prevention, while advocating for and assuring the natural environmental and social conditions necessary to advance physical, mental and social wellbeing



## National Movement for Health Equity

 Healthcare should be "equitable, (that is) providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status."

Source: Institute of Medicine (US). Committee on Quality of Health Care in America. (2001). Crossing the quality chasm: A new health system for the 21st century. National Academy Press.

 "Many sources – including health systems, healthcare providers, patients, and utilization managers – may contribute to racial and ethnic disparities in healthcare."

Source: Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). Institute of Medicine, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Unequal treatment: confronting racial and ethnic disparities in health care.

# National Movement for Health Equity

- Centers for Disease Control (CDC)
  - Convened 99 leaders "Strengthening the Capacity of Public Health Departments to Advance Health Equity"
- National Association of City and County Health Officials (NACCHO)
  - Annual meeting focus on health equity summer 2016
  - Swannie Jett Confront inequity
- American Public Health Association (APHA)
  - President Camara Jones—Race and Racism
- Association of State and Territorial Health Officials (ASTHO)
  - Pres Ed Ehlinger—Triple Aim for Health Equity
- National Collaborative for Health Equity
  - Learning community of 20 teams



## Classical Public Health Model

## **HEALTH FACTORS**

### **Population Characteristics**

- Demographic Characteristics
- Social Determinants of Health

### **Risk and Resiliency Factors**

- Health Behaviors
- Physical Environment

### **Health Care Services & Systems**

- Access to Care
- Quality of Care
- Use of Preventive Services

## **HEALTH OUTCOMES**

### **Health Outcomes**

- Mothers and Infants
- Leading Causes of Death
- Infectious Diseases
- Cancer
- Chronic Conditions
- Injury and Violence
- Mental and Behavioral Health
- Summary Measures of Health

# Health Equity Framework

### Structural Determinants

Socioeconomic / Political Context



Socioeconomic Position







**Health Equity** 

- Governance
- Economic policy
- Social policy
- Public policy
- Cultural and social values

- Social class
- Gender
- Race

- Access to health care
- Housing
- Neighborhood
- Work environment
- Income

Modified from Solar, O., & Irwin, A. (2007). A conceptual framework for action on the social determinants of health.





## Structural Determinants of Health

 "...structural mechanisms are those that generate stratification and social class divisions in the society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources."

Source: Solar, O., & Irwin, A. (2007). A conceptual framework for action on the social determinants of health.



## Social Determinants of Health

- The economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole.
  - Availability of food
  - Affordable housing
  - Quality education
  - Job security
  - Social connection and safety
  - Living wage
  - Access to transportation

Source: Raphael, D. (2009). Social determinants of health: Canadian perspectives. Canadian Scholars' Press.



# Health Disparity

 A disproportionate difference in health between groups.

This term **does not** address the chain of events that produce it.

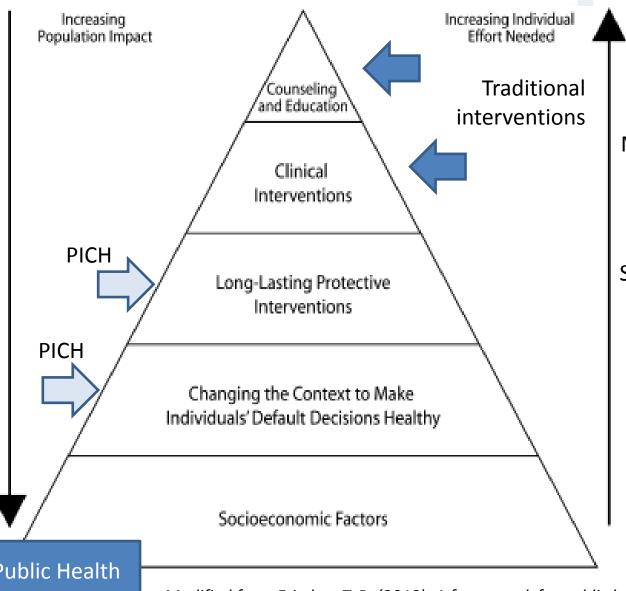


# Health Inequity

 "Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill."

Source: Whitehead, M. (1992). The concepts and principles of equity and health. International journal of health services, 22(3), 429-445.





Physical activity High risk sexual behavior

Medication for hypertension Medication for diabetes

**Vaccines** Smoking cessation programs

> Smoke-free laws Fluoridation of water

Reducing poverty Improving housing

**Public Health Interventions** 

Modified from Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. American journal of public Page 64 of 96 health, 100(4), 590-595.



 "Demonstrating that a given disparity is plausibly avoidable and can be reduced by policies [is sufficient evidence for action...]"

Source: Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. American Journal of Public Health, 101(S1), S149-S155.



# Why do we have Disparities?

 "It should be noted that adjusting for socioeconomic status almost always reduces, though seldom eliminates, the effects of race and ethnicity on the health care that a patient receives"

Source: Swift, E. K. (Ed.). (2002). Guidance for the National Healthcare Disparities Report. National Academies Press.



# We are supposed to!!



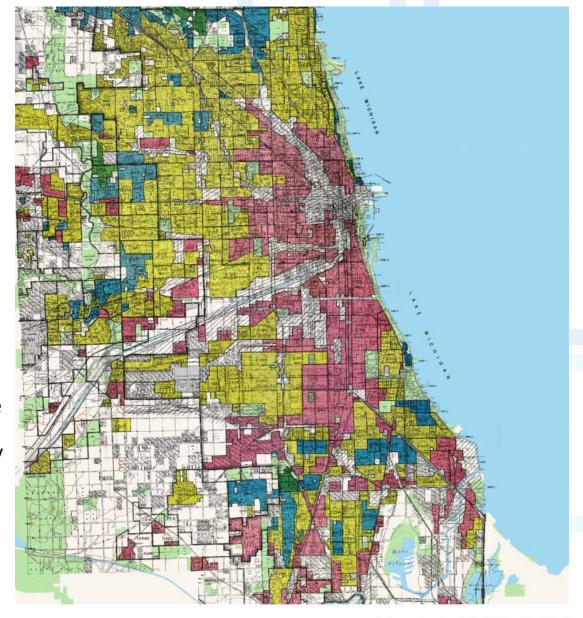
# 1934–1968: FHA Mortgage Insurance Requirements Utilize Redlining:

"The FHA also explicitly practiced a policy of "redlining" when determining which neighborhoods to approve mortgages in. "

"... color-coded maps indicating the level of security for real estate investments... appraisers divided neighborhoods by categories including occupation, income and ethnicity of inhabitants:

C (yellow) were neighborhoods that were "definitely declining." Generally sparsely populated fringe areas that were typically bordering on all black neighborhoods.

D (red) (hence the term "red-lining") were areas in which "things taking place in 3 ("C") had already happened." Black and low income neighborhoods were considered to be the worst for lending".





# Discriminatory Lending Practices Have Continued

 "... reverse redlining involves the targeting of an area for the marketing of deceptive, predatory or otherwise unfair lending practices because of the race or ethnicity of the area's residents..."

Source: Vedantam, S. (2008). Subprime Mortgages and Race: A Bit of Good News May Be Illusory. Washington Post, A02 from <a href="http://www.washingtonpost.com/wpdyn/content/story/2008/06/29/ST2008062902089.html?sid=ST2008062902089">http://www.washingtonpost.com/wpdyn/content/story/2008/06/29/ST2008062902089.html?sid=ST2008062902089</a> accessed 5/20/16

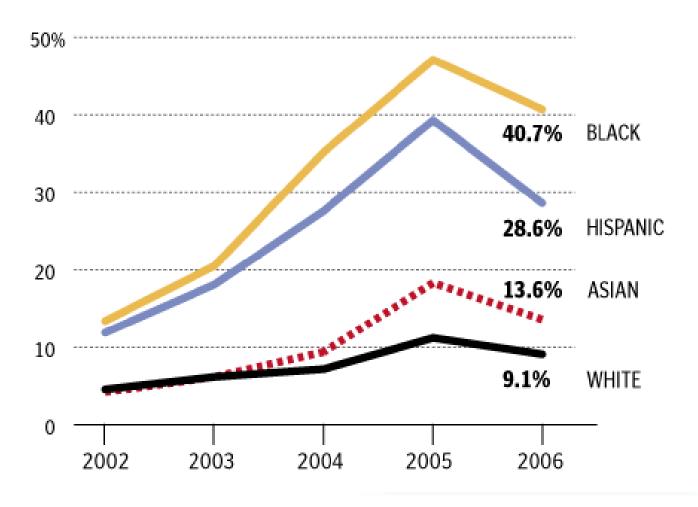
 "By 1999 the proportion of black borrowers receiving loans from subprime lenders was six times what it was in 1992."

Source: Bond, C., & Williams, R. (2007). Residential segregation and the transformation of home mortgage lending. Social Forces, 86(2), 671-698.

 Several local governments have filed lawsuits against prominent banks for discriminatory lending



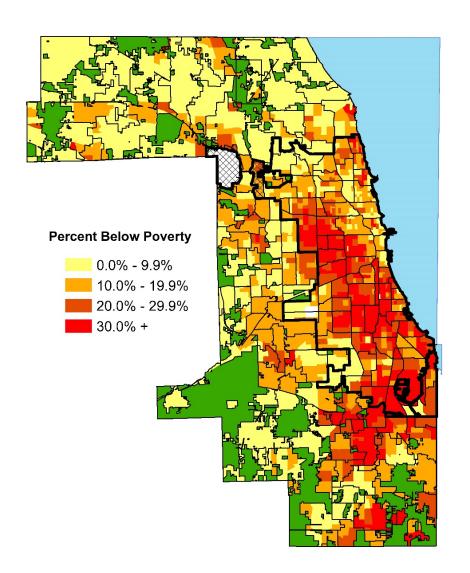
### Rate of conventional subprime lending by race, New York City



Source: Vedantam, S. (2008). Subprime Mortgages and Race: A Bit of Good News May Be Illusory. Washington Post, A02 from <a href="http://www.washingtonpost.com/wp-dyn/content/story/2008/06/29/ST2008062902089.html?sid=Spage30632902089">http://www.washingtonpost.com/wp-dyn/content/story/2008/06/29/ST2008062902089.html?sid=Spage30632902089</a> accessed 5/20/16



# Cook County Percent of Population Below Poverty By Census Tract 2010-2014



## FEDERAL POVERTY GUIDELINES

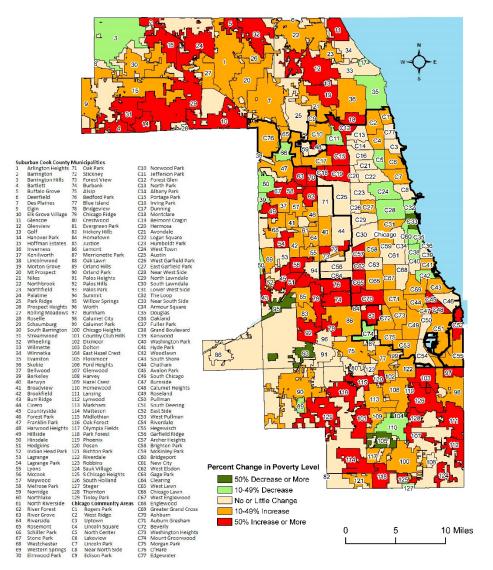
Household	
Size	100% FPL*
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

\*2016 poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C.



Page 71 of 96

# Cook County Percent Change in Population At or Below Federal Poverty Level\* From 2000\*\* to 2005-2009\*\*\*



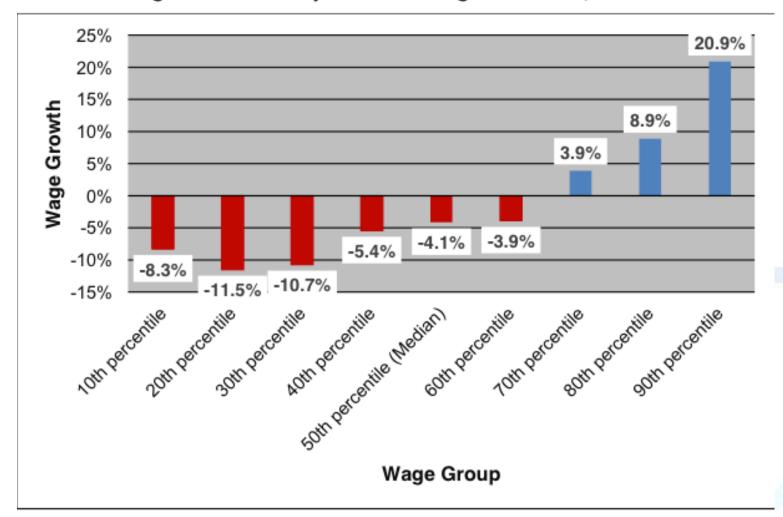
Cook County Department Of Public Health, Epidemiology Unit Data Source: \*\*U.S. Census Bureau

\*\*\*2005-2009 American Community Survey

\*Note: The percent of persons in households or group quarters, other than institutions, with income levels at or below 100% of the federally defined poverty level.  $\begin{tabular}{ll} Page 72 of 96 \end{tabular}$ 



### Change in Inflation Adjusted Real Wages in Illinois, 1979-2014



Source: Economic Policy Institute analysis of Current Population Survey data, adjusted for inflation using the CPI-U-RS.

Childhood Opportunity Index by Census Tract Cook County-IL (Metro Area)\*, 2007-2013\*\* Uptown Lincoln Square Lincoln Park Edison Park C27 Fast Gurfield Fac 9 Schaumbury C35 Douglas C38 Grand Boulevard C41 Hyde Park C42 Woodlaw 43 Burn Ridge C43 South Shore C44 Chulham C49 Roseland Overall Child Opportunity C51 South Deering C52 East Side Index Categories^ Very Low 58. Metrose Part I North Riversid Moderate High 6 Schiller Pari Very High

> Each Census Tract is shaded according to its Opportunity Index category representing childhood opportunity levels ranging from "very low" to "very high" relative to the other tracts in the Chicago-Joliet-Naperville, IL-IN-WI Metro Area.

9 Western Sprin

#### **Educational Opportunity**

- Student poverty rates
- Student math/reading proficiency levels
- •Early childhood education (ECE) indicators:
  - Proximity to licensed ECE centers/ highquality ECE centers
  - Participation patterns
- High school graduation rates
- Adult educational attainment.

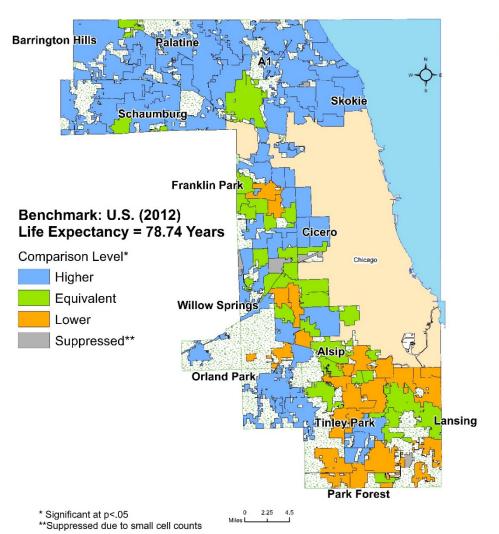
#### **Health & Environmental Opportunity**

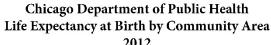
- Proximity to health facilities
- Retail healthy food environment index
- Proximity to toxic waste release sites
- Volume of nearby toxic release
- Proximity to parks and open spaces
- Housing vacancy rates

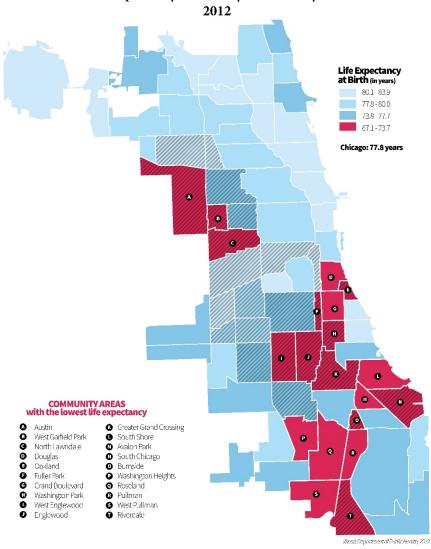
#### **Social & Economic Opportunity**

- Foreclosure rates
- Poverty rates
- Unemployment rates
- Public assistance rates
- Proximity to employment

#### Cook County Department of Public Health Life Expectancy at Birth by Town 2008-2012

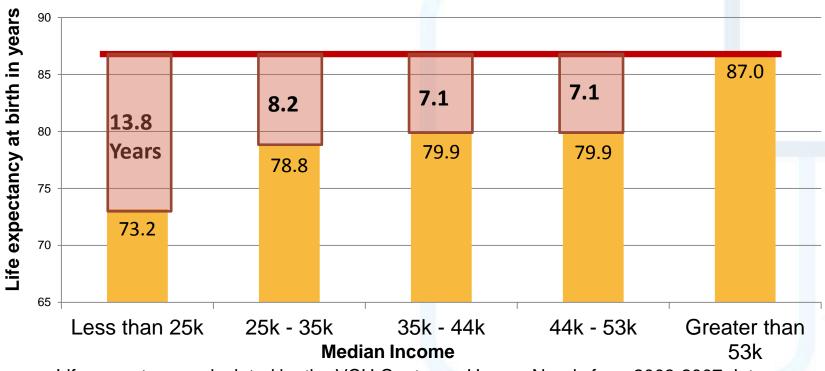






Page 75 of 96

# Average Life Expectancy (2003-2007) by Median Income of Census Tract/Municipality (2009), Cook County



**Source**: Life expectancy calculated by the VCU Center on Human Needs from 2003-2007 data provided by Cook County Health Department: Median Income from 2009 Geolytics Premium Estimates.

# In Summary

- Long history of discrimination and racist practices disproportionately affecting residents of the near west and southern parts of Cook County
- This has resulted in areas of concentrated poverty and low opportunity
- As a result, populations residing in those areas suffer from disproportionately poor health care and health outcomes



 Strengthening health equity... means going beyond the contemporary concentration on the immediate causes of disease

Source: Commission on Social Determinants of Health. (2007). Achieving health equity: from root causes to fair outcomes: Commission on Social Determinants of Health, Interim statement.



# Recommendations for Advancing Health Equity

- Continue to support pro-equity policies
- Staff training
  - Health equity
  - Unconscious bias
  - Cultural competence
  - Adverse Childhood Experiences (ACEs)
- Stratify quality metrics by race, ethnicity, and primary language



# **Coming Soon**

- WePlan 2020 5 year community Health Improvement Plan tied to PHAB Accreditation and IDPH Certification
- Will review and and require approval of CCHHS System Board and BOH Cook County Commissioners before formal adoption.



# Recommendations for Advancing Health Equity

- Work across Cook County government to leverage resources
- Utilize CCDPH and CDPH information to identify drivers of inequity
- Integrated, collaborative approach to address social determinants of health



# Recommendations for Advancing Health Equity

- Pro-equity policies
  - Tobacco 21
  - Food insecurity
  - Integrating behavioral health into primary care
  - Early childhood development
  - Lead bill and program expansion



# Lead Program Expansion

- Funded by Lead Poisoning Prevention Fund
  - Current balance: \$10,891,209
- Current IDPH recommended lead intervention level: 10 mcg/dL
  - Total yearly expenditure: \$1 million
  - Total new cases/year: 125
  - Estimated date of fund depletion: 2026-27
- CDC recommended lead intervention level: 5 mcg/dL
  - Total yearly expenditure: \$4.1 million
  - Estimated total new cases/year: 2300
  - Estimated date of fund depletion: 2018-19
  - Additional required resources:
    - 7 lead risk assessors (6 Sanitarian II, 1 Sanitarian IV) \$560,000
    - 4 public health nurses (3 PHN I, 1 PHN III) \$460,000
    - 1 administrative assistant \$80,000
    - Additional homes abated \$2 million
    - 5 XRF machines \$100,000 (one time cost)



# Questions?



# Strategic Planning: External, Internal, and Situation Analysis

COOK COUNTY HEALTH AND HOSPITALS SYSTEM BOARD MEETING FRIDAY, MAY 27, 2016



### Outline

- Current state
- Assumptions
- Positives/what's working well
- Challenges/what could be better
- Opportunities



#### Current state

- CCHHS is at a critical point in its existence, especially given changes from the ACA
- Is unique as a public health care system, given reliance on government payors and federal and county funding
- Faces competition for patients and plan members
- Remains the largest provider in Illinois for the uninsured



Draft

# Assumptions – CCHHS wants to...

- Become a provider of choice in a competitive environment
- Build ambulatory services to create healthier communities
- Increase affiliations with community-based providers, including public health agencies and FQHCs to assist in addressing patient needs as relating to social determinants of health



# Assumptions – CCHHS wants to...

- Grow CountyCare membership
- Increase funding from extramural sources, e.g. grants, research partnerships, contributions
- Monitor plan progress, i.e., determine when/how far needle is moved to improve selected areas
  - Be able to answer (1) How healthy is the population CCHHS serves? (2) What type of/at what level is population health improvement occurring?

SCHOOL OF PUBLIC HEALTH

# Positives/What's working well?

- Rich history
- Powerful mission
- High quality services, e.g., strong competencies in care coordination, social determinants of health, physician care
- o Integrated Electronic Medical Record system

# Positives/What's working well? (con't)

- Ability to partner with other entities
  - Food insecurity screening and linking to services
- 'Pulse' of the community
  - Development of the strategic plan and already incorporating key strategies, i.e., behavioral health and outpatient emphasis
  - Seeking feedback from staff and community
- Only provider-led plan in the market (CountyCare)



Draft

# Challenges

- Retaining and recruiting patients and plan members when there is now more choice
- Bureaucratic administrative processes
- Alignment between emerging emphasis on performance management and management capacity
  - Only 5% of staff are considered managers
- Employee engagement



# Challenges (con't)

- Lack of common public health department infrastructure within Cook County
- Integration between the entire Cook County system
- Optimal efficiency levels
- The patient experience
- Cultural competencies



# **Opportunities**

- Identify new funding sources, including grants and other resources
- Develop new partnerships for addressing social determinants, holistic care, and service provision
- Raise the profile of the system
- Further integrate information systems



# Opportunities (con't)

- Utilize the vast amount of data from patients and plan members to inform future strategies
- Expand services
  - Health center days and hours
  - Behavioral health services
  - Care coordination services



### **Future State**

- Develop ambulatory care resources with an increased focus on primary care
  - Drive PCP-based demand for inpatient care services
  - Expand care coordination services to manage patient and plan member populations
  - Build partnerships to cover patient and plan member needs beyond the scope of CCHHS services

